

Attorney Docket No. 3900-0217PUS1

### BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU N UST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22010-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

# COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	claimed and for which	a patent is sought on i	he invention entitled:	<b>:</b>		
Insert "itle:	HEAT RELEASABLE WAFER DICING TAPE					
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:					
Fill in Appropriate Information -	The specification was f	led on <u>12/15/200</u>	5 as United Stat	tes Application Number _	;	
including dam -	and amended on	(if a	applicable) and/or			
For Use Without	the specification was file	ed on11/17/2003		nal Application Number_	PCT/US03/36559 ;	
Specification Attashi d	and was amended on  I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in fitle 37, Code of Federal Regulations, §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filled by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.					
			nat of the application	on which priority is claimed	Priority Claimed	
Insert Friently	Prior Foreign Applic	anonis				
Inform tion (if eppr spriate)	(Number)	(Country)	1	(Menth/Day/Year Filed	) Yes No	
	(Number)	(Country)		(Month/Day/Year Filed	Yes No	
	(Number)	(Country)	* 1 T	(Month/Day/Year Filed	Yes No	
	(Number)	(Country)		(Month/Day/Year Filed)	Yes No	
	I hereby claim the benefit under little 35, United States Code, §119(e) of any United States provisional applications(s) listed below					
Insert Provisional						
Application(s): (if anv)	(Application Number)		(Filing	Date)		
	(Application Number)		(Filing Date)			
	All Tureign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Menths (6 Months for Designs) Prior to the Filing Date of this Application					
Insert Feguested	Country		Application Number		g (Month/Day/Year)	
(if af lir -limate) (if af lir -limate)	United States	of America	60/479,179	<u>Ju</u>	ane 18, 2003	
	I hereby "Lim the benefit under Title 35, United States Code, \$170 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the tirst paragraph of Title 35, United States Code. \$122, I acknowledge the duty to disclose adformation which is material to the parentability as defined in Title 37, United States (Ederal Regulations, \$150 which became available between the thing date in the prior application and the committee of PCT international tiling date of this application.					
lmauri mortim Applaum m Maury	(Application Number)	Ţ.	Eing Date)	(Status - parented.	ទូខាងing, abanda i.e.ភ្ន	
	(Application Number)	<u> </u>	iling Date)	(Status - patented,	pending, abandaned)	

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

### CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Fall Name of First						
or Sale Inventor Lorent Name of Loventor Lorent Data This	GIVEN NAME/FAMILY NAME Wilson XIA	INVENTOR'S SIGNATURE	DATE*			
Document in Signard Lasen Residency	Residence (City, State & Country) York, Pennsylvania	- CO . C	CITIZENSHIP			
lasen Fost Unlice Addussa →	MAILING ADDRESS (Complete Street Addr 20 Bridlewood Way; York, Pennsylvania 174	Singapore				
Full Name of Second Inventor, flany; tet above	GIVEN NAME/FAMILY NAME Deepak HARIHARAN	INVENTOR'S SIGNATURE	DATE* 2-24-11-6			
	Residence (City, State & Country) York, Pennsylvania	CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country) 65 Governors Place at Waterford; York, Pennsylvania 17402					
Full Name of Third Intentos, is any: 5 to above	GIVEN NAME/FAMILY NAME Joel BARTON	INVENTOR'S SIGNATURE	DATE*			
	Residence (City, State & Country) Wellsville, Pennsylvania	CITIZENSHIP US				
	MAILING ADDRESS (Complete Street Address including City, State & Country) 240 Nursery Road; Wellsville, Pennsylvania 17365					
Full Name or Fourth Inventing if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
	Residence (City, State & Country)	CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
Full Name of Fifth Inventor, if . ny: on Abuve	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE•			
	Residence (City, State & Country)		CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
laventur, if any ser above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE			
	Residence (City, State & Country)	CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
L						

<sup>\*</sup>DATE OF SIGNATURE

#### Attorney Docket No. 3900-0217PUS1

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

#### Send Correspondence to:

#### CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

		· · · · · · · · · · · · · · · · · · ·			
Full Name of First or Sole in vester: Invert Name of Invento	GIVEN NAME/FAMILY NAME Wilson XIA	INVENTOR'S SIGNATURE		DATE*	
Document to Signed	Residence (City, State & Country)			CITIZENSHIP	
Interest Erra Servage	York, Pennsylvania			Singapore	
Insert Pas Liftige Address :-	MAILING ADDRESS (Complete Street Address including City, State & Country) 20 Bridlewood Way; York, Pennsylvania 17402				
Full Name of Secund Inventor, if anyt see alsone	CIVEN NAME/FAMILY NAME Deepak HARIHARAN	INVENTOR'S SIGNATURE		DATE* 2-25-06	
	Residence (City, State & Country) York, Pennsylvania		CITIZENS	HP US	
	MAILING ADDRESS (Complete Street Address including City, State & Country) 65 Governors Place at Waterford; York, Pennsylvania 17402				
Full Name of Third Inventor, if any; see above	GIVEN NAME/FAMILY NAME Joel BARTON	INVENTOR'S SIGNATURE	-  -  -  -  -  -	DATE*	
	Residence (City, State & Country) Wellsville, Pennsylvania		CITIZENSHIP US		
	MAILING ADDRESS (Complete Street Address including City, State & Country) 240 Nursery Road; Wellsville, Pennsylvania 17365				
Full Name of Fourth Investor, of Justs see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENSHIP		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Fifth Tovering, if any: year above	GIVEN NAME/FAMILY NAME	INVENTORSSIGNATURE		DATE.	
	Residence (City, State & Country)			CITIVENSHIP	
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Luii Notte (1 hath Inventor, il aire tor aboro	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)			CITIZENSHIP	
	MALLING ADDRESS (Complete Street Address including City, State & Country)				

#### Attorney Docket No. 3900-0217PUS1

.. . .. . . ..

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP) Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEAS': NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1000 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	application or any patent issued thereon.				
full Name of First or Sole Inventor Insert Name of Inventor	GIVEN NAME/FAMILY NAME Wilson XIA	INVENTOR'S SIGNATURE	DATE*		
Document & Signed Invest Residence	Residence (City, State & Country) York, Pennsylvania		CITIZENSHIP Singapore		
Însert Past Mike Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) 20 Bridlewood Way; York, Pennsylvania 17402				
Full Name of Second Inventor, 6' any, see above	GIVEN NAME/FAMILY NAME Deepak HARIHARAN	INVENTORSSIGNATURE	DATE* 2-28-06		
	Residence (City, State & Country) York, Pennsylvania		CITIZENSHIP US		
	MAILING ADDRESS (Complete Street Address including City, State & Country) 65 Governors Place at Waterford; York, Pennsylvania 17402				
Full Name of Third Inventor, it any; s/c above	GIVEN NAME/FAMILY NAME Joel BARTON	INVENTOR'S SIGNATURE	DATE* 5.13.0G		
	Residence (City, State & Country) Wellsville, Pennsylvania Philadelphia	Pennsylvania 45A	CITIZENSHIP US		
į	MAILING ADDRESS (Complete Street Address including City, State & Country) 240 Nursery Road; Wellsville, Pennsylvona 17365 631 Leverington Ave. Apt. 310 Philadelphia, PA 19128				
ull Name o' Fourth Inventor, if any: 54 c above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country)	CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
oll Name or Fifth Inventor, if any: eer above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
	Residence (City, State & Country)	CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
ull Name of Seath (mentor, if any: serabore	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE.		
	Residence (City, State & Country)		CITIZENSHIP		
Ì	MAJLING ADDRESS (Complete Street Address including City, State & Country)				

Page 2 of 2

<sup>\*</sup>DATE OF SIGNATURE